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Exogenous AVP in Normals and ESRD

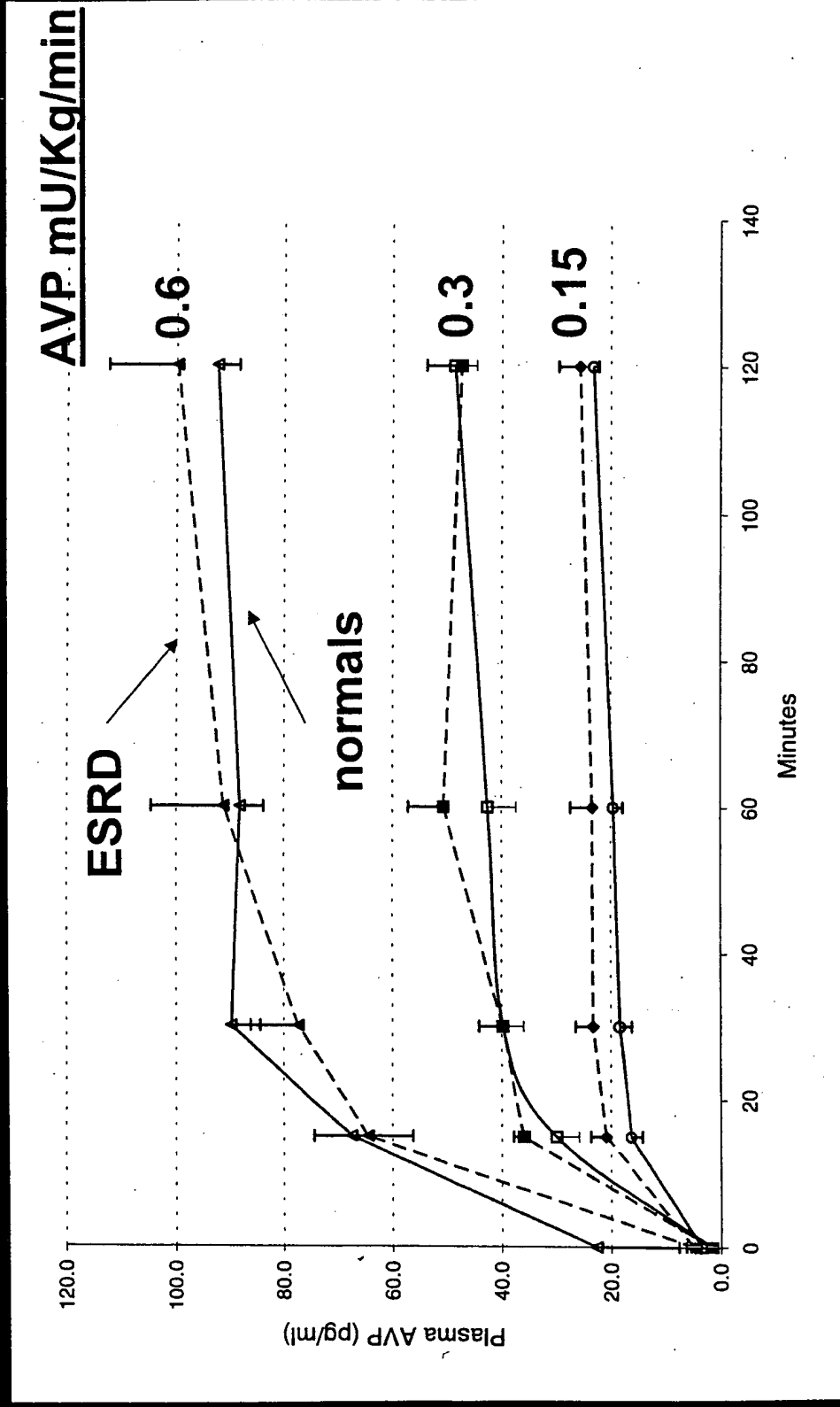


FIG. 1

AVP is not Dialyzable

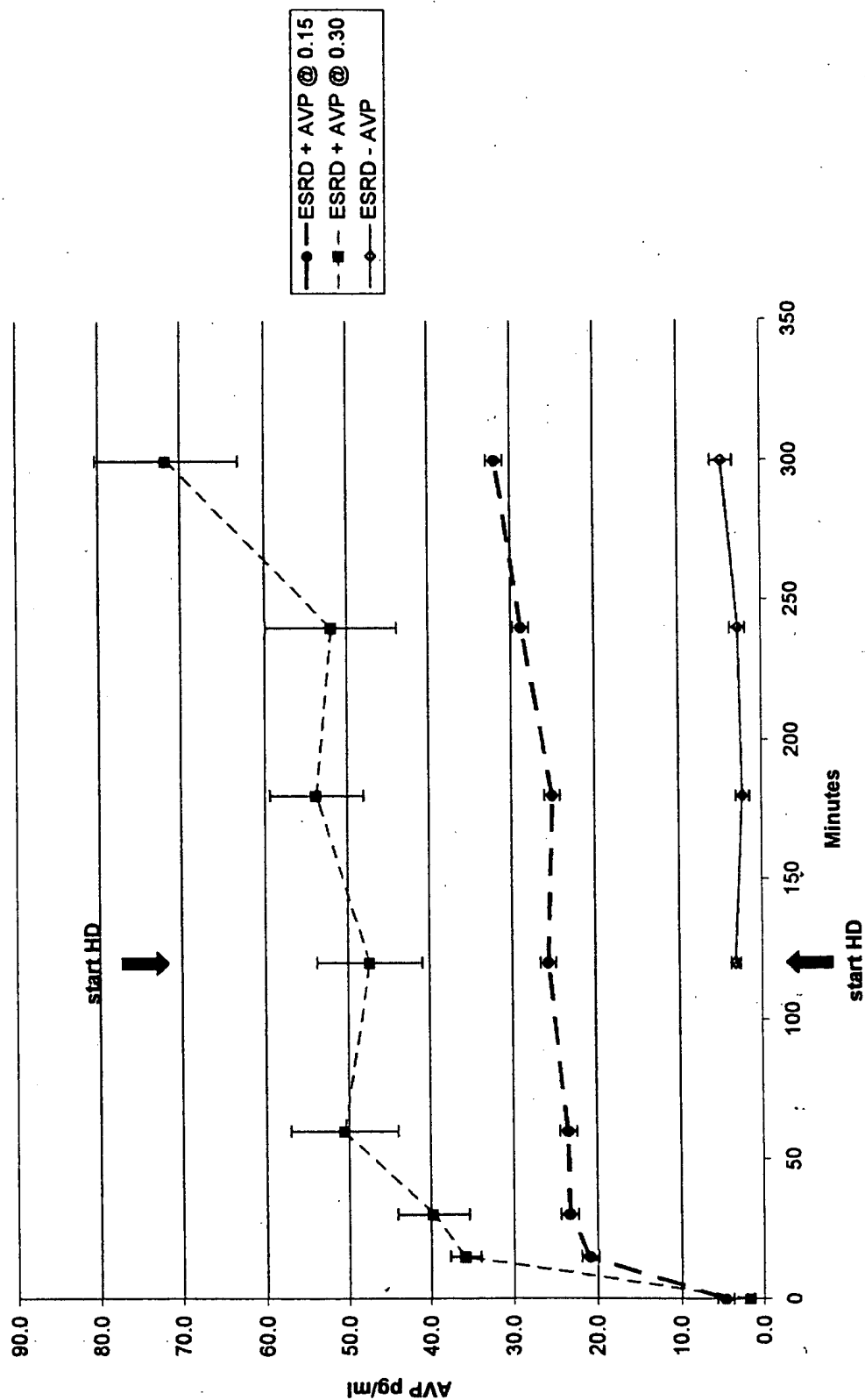


FIG. 2

BP Effect of AVP

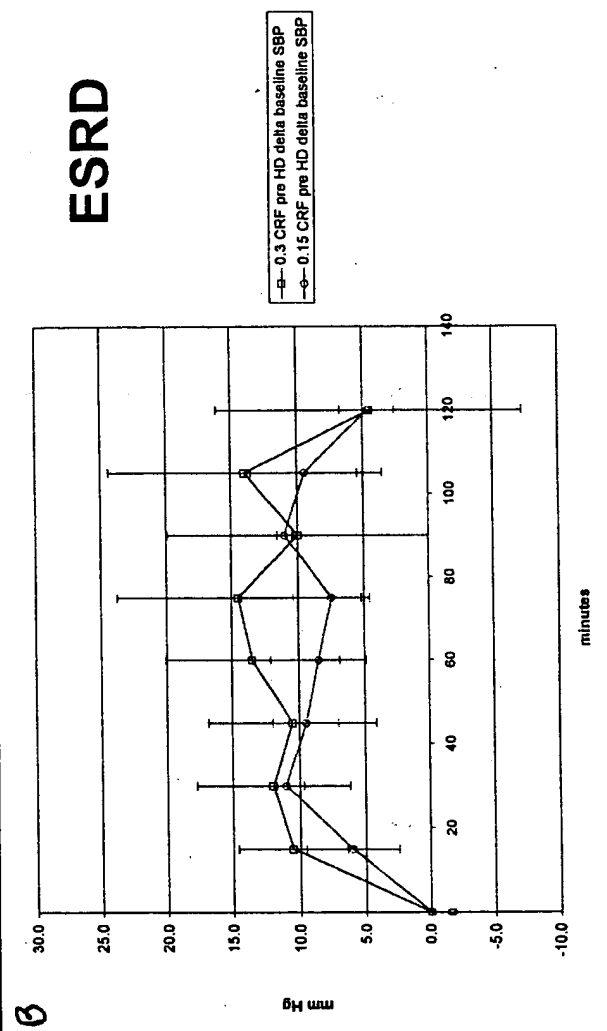
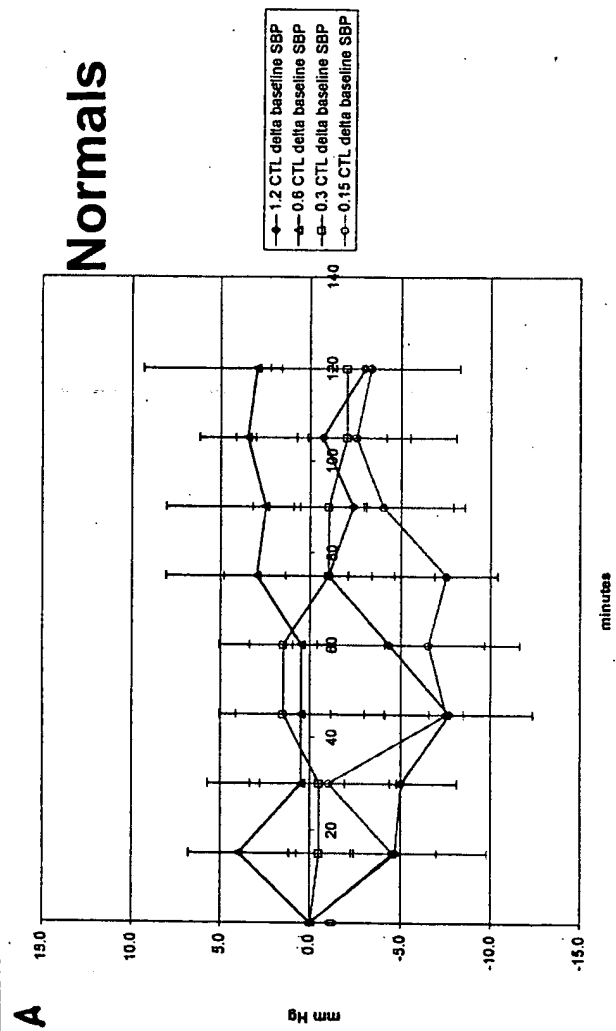


FIG. 3

BP Effect of AVP during HD

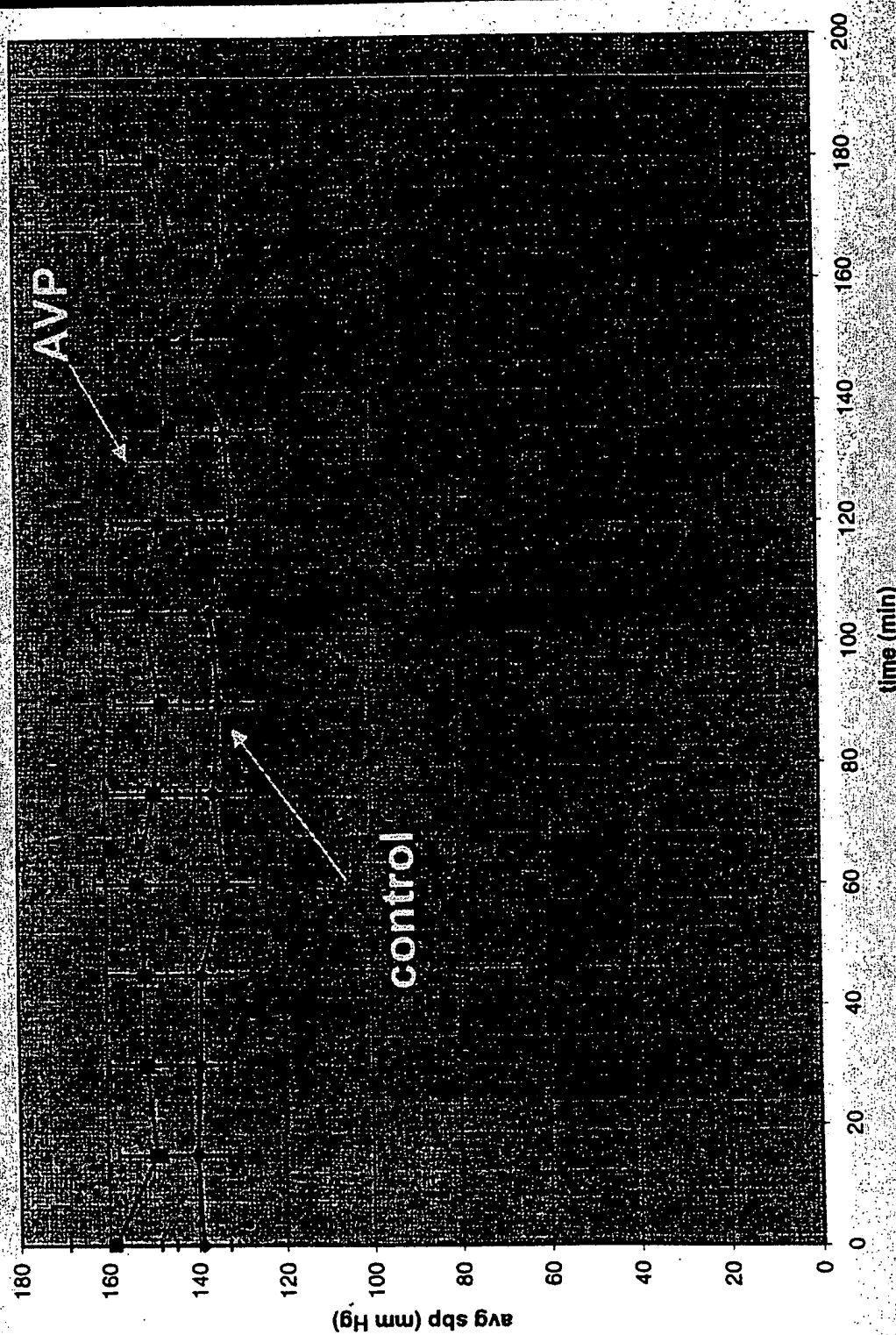


FIG. 4

**Effect of Exogenous AVP on Overall Mean
Blood Pressure During HD**

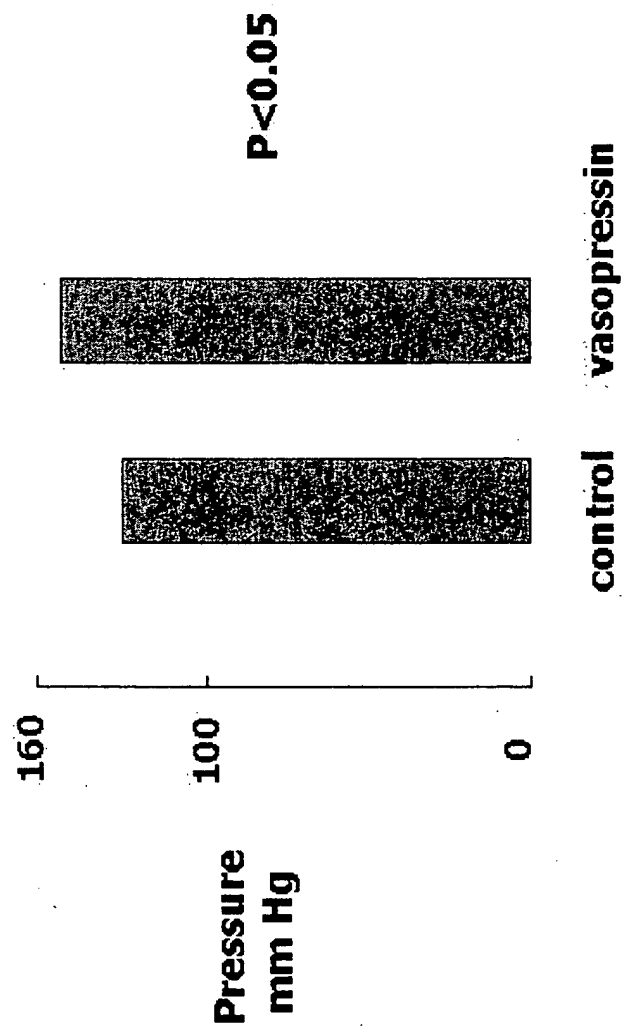


Figure 5

Greater Fluid Removal During HD by AVP administration

	CONTROL	VASOPRESSIN	
	Total Fluids	Total Fluids	Infusion Rate (mU kg ⁻¹ min ⁻¹)
Patient 1	300cc NS	None	0.15
Patient 2	300cc NS	None	0.15
Patient 3	300cc NS, 250cc 5% Albumin, 100cc SPA	None	0.15
Patient 4	200cc NS	None	0.3
Patient 5	None	None	0.3

FIG. 6

Greater Fluid Removal by Hemodialysis with AVP

The removal of 0.5 Kg extra fluid by hemodialysis was attempted in 10 patients, 5 of which received 0.3 mU/Kg/min AVP and the other 5 received placebo

- in the 5 patients on AVP, the blood pressure was stable and extra fluid removal was possible
- two of the 5 patients receiving placebo had an episode of low blood pressure that prevented the removal of extra fluid

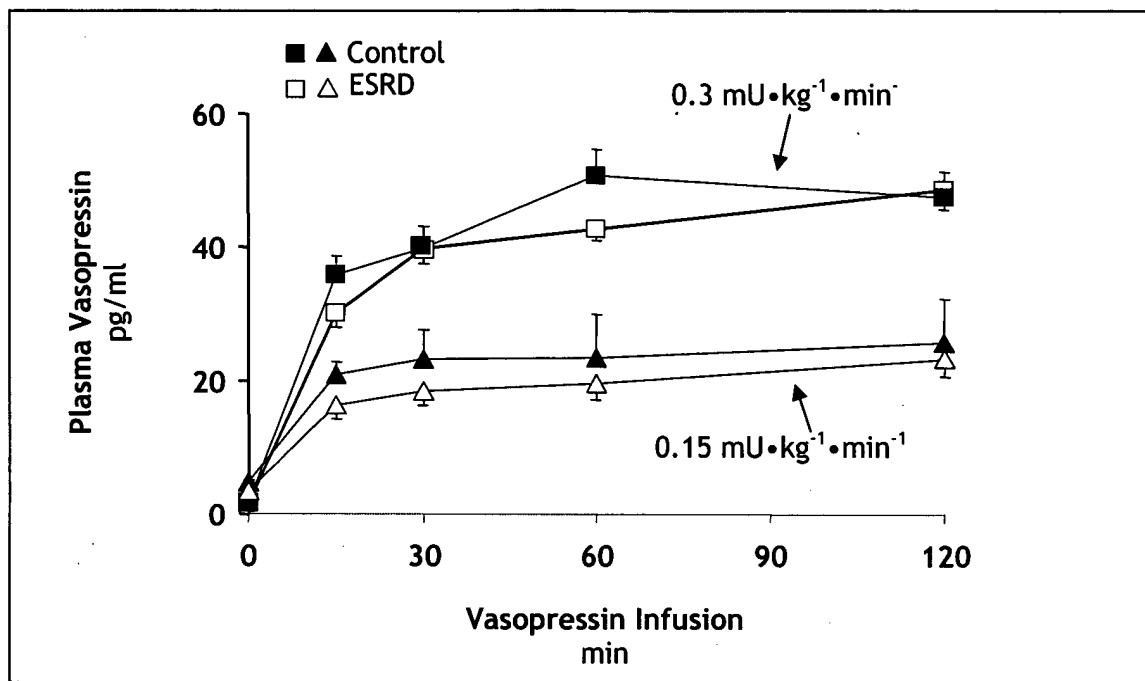


FIGURE 8

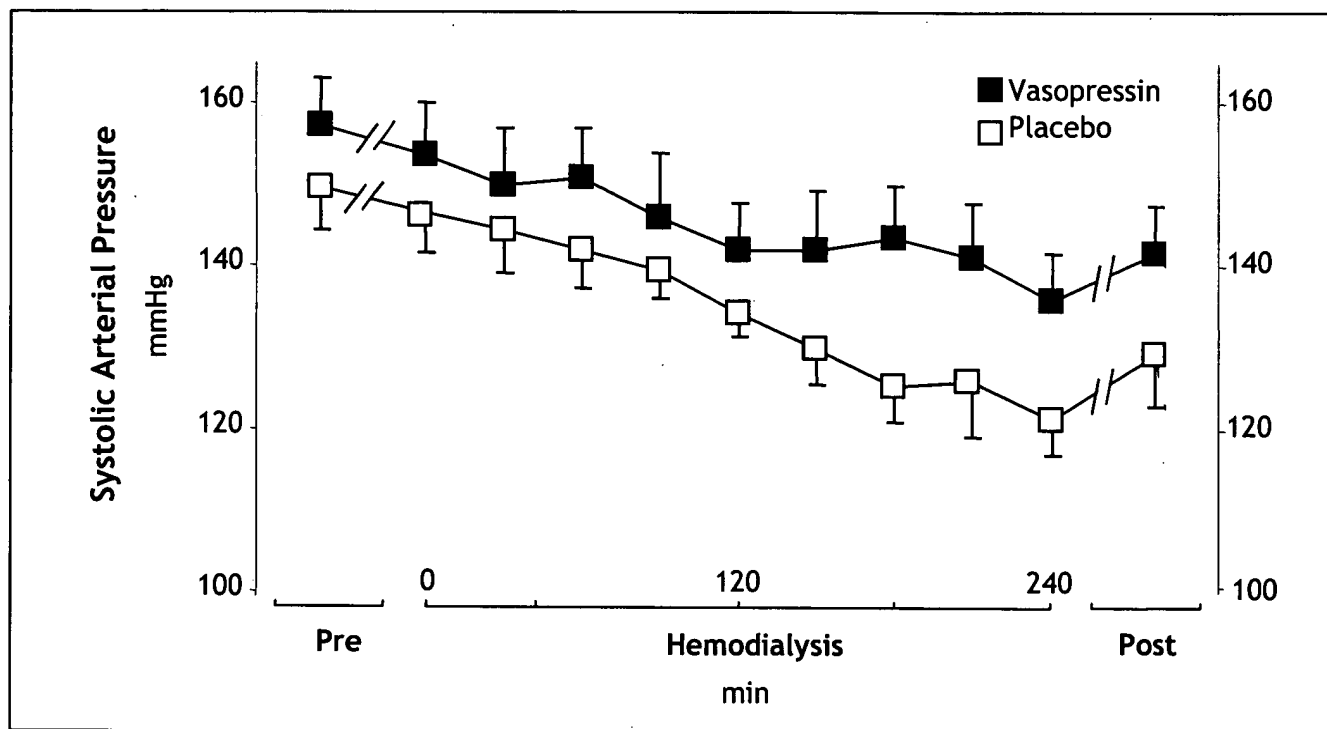
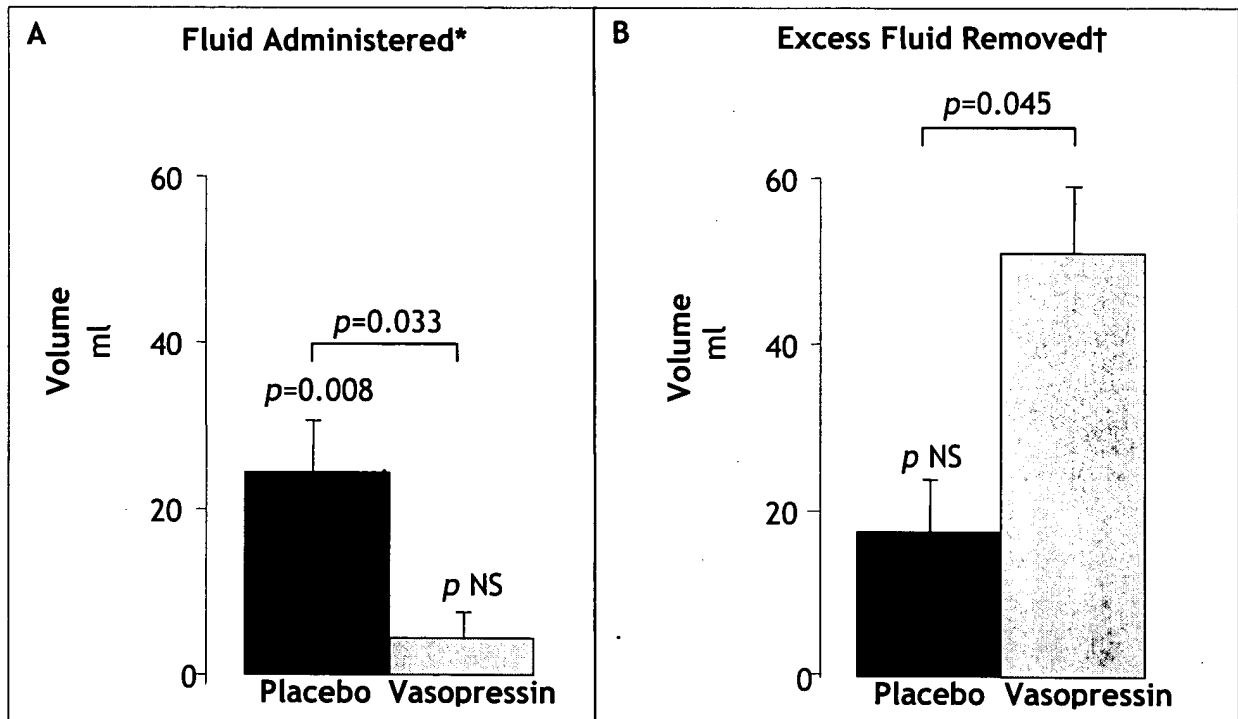


FIGURE 9



* Fluid was administered for pressor support at the discretion of the dialysis staff, blinded to the study drug, on the basis of hypotensive episodes during dialysis.

† Excess fluid removed was defined as the difference between the baseline prescription weight loss and the actual weight loss achieved during the study hemodialysis.

FIGURE 10